

## Facility Comprehensive Plan to the Inspector General Report # 137-07

November 16, 2007

**Facility:** Eastern State Hospital

**Prepared by:** John M. Favret, Facility Director

**Goal: (1) Increase Resident Involvement in Recovery Initiatives and Treatment**

**Plan:** Include resident participation on hospital committees, improve satisfaction surveys, increase the ability of residents to make choices, and improve collaborative relationships in the hospital and community

Objectives	Responsible Person	Process/Measures	Timeline
1. Assist residents in forming a resident advocacy committee run for and by residents. Encourage resident attendance at 75% of committees related to resident care and Recovery. The residents will define the function/role of this committee and will request staff assistance as needed.	John Favret, Lane Tolj (Wellness Coordinator), Deborah Mazzearella, Psy.D. (Psychology Director) & Leadership Team	Committee created.  Create committee charter to facilitate resident-directed activities  5% increase in resident attendance at hospital committees  15% increase in attendance	November 2007  By January 2008  By February 2008  By October 2008
2. Increase the choices (i.e. dining hours, programming hours, meal preferences, etc.) available to residents via modifying treatment planning forms, resident satisfaction survey and formation of resident advocacy committee.	John Favret & Leadership Team	Increase resident perception of choice by 50% via resident satisfaction survey responses	Survey data to be reviewed July 2008 and annually thereafter
3. Increase availability of resident satisfaction surveys on each ward and create resident suggestion boxes for improved means of expressing ideas/choices.	James Bland (Social Services Director), Dick Roberts (Resident Complaint Liaison), Martin Kline (Assistant Director)	Environment of Care Committee monthly rounds will monitor availability of forms and suggestion boxes/mechanisms. Leadership Team will address suggestions and review surveys monthly.	December 2007 & monthly thereafter
4. Improve the trusting, supportive relationship between residents and staff.	Dick Roberts & Hospital Clinical Leadership	75% of residents can identify at least one staff member who they can trust/count on as indicated on satisfaction survey.	Survey data to be reviewed July 2008 and annually thereafter

**Goal: (2) To initiate Peer Workforce Development and Enhance Helping Relationships**

**Plan:** a) Increase the number of volunteer and paid positions to include: residents as group escorts, WRAP facilitators, peer mediators, and peer support specialists and b) increase support systems of residents both in the hospital and in the community

Objectives	Responsible Person	Process/Measures	Timeline
1. Train identified staff and residents in new volunteer and paid opportunities.	James Bland, Karen Marsh-Williams (Rehabilitation Services Director), and Deborah Mazzearella, Psy.D.	Initial training conducted	October 2007
2. Residents volunteer as peer escorts, in collaboration with line staff, in order to assist in guiding residents to group activities who are not able to go independently.	Karen Marsh-Williams	Residents begin working as escorts	By May 2008
3. Residents as WRAP Facilitators.	James Bland	Residents trained to be WRAP facilitators	Training to begin January 2008. Residents as facilitators by July 2008
4. Residents certified as peer support specialists and peer mediators.	Deborah Mazzearella, Psy.D.	Residents trained as peer support specialists and peer mediators	Initial training conducted October 2007.
5. Increase residents' support networks.	James Bland	50% of residents able to identify 2 in-house and 2 community-based support resources	By July 2008
6. Improve each resident's network of supports (e.g. staff, friends, community resources) to enhance the ability to make and maintain healthy and meaningful relationships.	John Favret, Lane Tolj, Deborah Mazzearella, Psy.D. & Leadership Team	Identify supports needed by each individual. Format a plan to assist in individual support building for each individual resident. Add relationship-building skills to training of peer support specialists and resident advocacy committee members.	By January 2009

**Goal: (3) To Improve and Facilitate Recovery Initiatives in the Community**

**Plan:** To provide for a better transition of residents and increase tenure/success in the community

Objectives	Responsible Person	Process/Measures	Timeline
1. "Focus on Recovery"(FOR) is a group composed of stakeholders within and outside the hospital that serves to identify ways to incorporate the Recovery Model into hospital and community processes. The goal is to increase CSB attendance and participation at FOR meetings.	John Favret & Chuck Walsh (HPR-V Executive Committee Chair)	John Favret will ensure that the CSB staff is notified of all FOR meetings via monthly HPR-V Executive Directors meeting, will submit the minutes/agendas, and will identify barriers/challenges to non-attendance at meetings (i.e. teleconference, times, etc.).  Increases the number CSB staff in attendance	August 2007 and monthly thereafter  By April 2008
2. Increase the number of residents with WRAP plans and Behavioral Advance Directives with input from CSB Case Managers.	James Bland, Social Work Director & Deborah Mazzarella, Psy.D.	10% of residents have either WRAP Plans or Behavioral Advanced Directives 50% of these plans have CSB Case Manager signatures	By December 2008  By July 2010
3. Share services with CSB for specialized treatments.	Deborah Mazzarella, Psy.D	100% of CSB's offered training by ESH staff in Dialectical Behavior Therapy (DBT) methods  70% of CSB's trained by ESH staff in DBT methods	August 2007  By December 2008
4. Employ Regional Medical Director who will facilitate continuity of care during transitions into or out of the hospital setting and who will be expected to further the Recovery initiatives throughout the region.	John Favret, John Dool (HPR-V Project Manager), HPR-V Council, & DMHMRSAS	Employ Regional Medical Director via collaboration with HPR-V Council and DMHMRSAS	By February 2008

Goal: (4) **Improved Staff Workforce Development to incorporate Recovery Paradigm**

Plan: Increase support for Recovery initiative implementation

Objectives	Responsible Person	Process/Measures	Timeline
1. Clarify the role of the Leadership Team in the Recovery initiatives.	John M. Favret & Leadership Team	Leadership Team will define and prioritize core values and initiatives during quarterly team building retreats	November 2007 and quarterly thereafter December 2007 project management meeting
2. Residents will be the leaders of their treatment teams in order to maximize their participation, input, and health care choices.	Guillermo Schrader, M.D. & Hospital Clinical Leadership	10% of residents as team leaders 30% of residents as team leaders 50% of residents as team leaders	By January 2008 By January 2009 By January 2010
3. Line staff has reported (via morale surveys) that they do not feel valued, as evidenced by their lack of involvement in Recovery initiatives, and they have requested greater participation. This goal is to reinforce the concepts of empowerment and choice by responding to the staff request such that they may better conceptualize self-determination for themselves and the residents.	John Favret & Leadership Team	Increase the involvement of line staff in Recovery initiatives by 25%.  10% improvement in staff morale survey scores regarding feeling valued	Performance improvement Project initiated by December 2007  Survey to be conducted July 2008 and annually thereafter
4. Ensure all staff is trained in Recovery Model principles.	John Gardner & John Favret	100% of all available staff trained in Recovery principles	By October 2008
5. Create a focus group (including residents and line staff) to study shift structure (work hours) and how that pertains to programming in order to identify challenges/issues and propose solutions to schedule changes (for when the new facility is built, April 2010) to improve overall resident and staff satisfaction.	John Favret, Margaret Davis & Leadership Team	Focus group formed  Focus group report completed and recommendations presented to facility Leadership Team	By August 2008  By January 2009

Goal: (5) **Increase staff involvement in Recovery initiatives**

Plan: Involve staff in Recovery initiatives

Objectives	Responsible Person	Process/Measures	Timeline
1. Enhance Charge Nurse (RNC) involvement with residents via activities on the units during evenings and weekends, including unit community meetings, in order to facilitate communication and expression of ideas between residents and RNCs.	Margaret Davis (Chief Nurse Executive) & Barbara Lambert (Healthcare Compliance Manager)	80% of residents participating in activities with RNC	Performance improvement Project (PIP) initiated by December 2007 and quarterly QIC review thereafter to monitor progress
2. Increase line staff attendance at FOR meetings.	Margaret Davis	25% increase in line staff attendance at Recovery meetings	PIP initiated by December 2007 and quarterly QIC review thereafter to monitor progress
3. Increase line staff (DSA) participation in treatment team meetings and ensure that resident level changes are determined with line staff and resident input.	Margaret Davis & Barbara Lambert	15% increase each year over 5 years to meet 90% goal of DSA participation at treatment team meetings  Risk Assessment Forms include signatures of both DSA's and residents	PIP initiated by December 2007 and quarterly QIC review to monitor progress  By August 2008
4. Create a focus group to evaluate the clinical record in order to: a) train staff to write in first-person language b) include resident statement of goals in treatment plan and c) research use of an electronic health record.	John Favret and Leadership Team	Group created and recommendations implemented  Participation in Statewide Recovery Treatment Planning Initiative	Completed July 2007  July 2007 and monthly thereafter with goal to implement statewide changes by July 2008

**Goal: (6) Use the Recovery Model as the Basis of the Level System**

**Plan:** Increase resident/DSA participation in Level System determination

Objectives	Responsible Person	Process/Measures	Timeline
1. Form focus group (including residents) to identify obstacles to standardizing level system (i.e. Forensic procedures) and to recommend a plan of action.	John Favret, Hospital Clinical Leadership, and Residents	Study completed and recommendations submitted to Hospital Clinical Leadership	By March 2008
2. Standardize privileging/level system across campus.	Guillermo Schrader, M.D. (Acting Medical Director) and Hospital Clinical Leadership	Privileges standardized across all programs.	By June 2008

**Goal: (7) Line Supervisory Staff as Leaders, Champions, and Change Agents**

**Plan:** Develop management and relationship skills for line supervisors

Objectives	Responsible Person	Process/Measures	Timeline
1. Develop curriculum for supervisor/manager training to increase accountability, responsibility and enthusiasm for Recovery initiatives.	John Gardner & Hospital Clinical Leadership	Curriculum developed	July 2007
2. Identify line supervisors who are committed and enthusiastic about participating in Recovery initiatives as well as those who could benefit from greater understanding of the Recovery model.	John Favret & Hospital Clinical Leadership	Voluntary Recovery Model training opportunities created  Staff identified for training and program scheduled determined	July 2007  By March 2008
3. Train identified staff.	John Gardner & Margaret Davis	30% of identified staff trained 60% of identified staff trained 100% of identified staff trained	By April 2008 By June 2008 By August 2008
4. Line supervisory staff teaches other staff in Recovery Model.	John Gardner & Margaret Davis	Classes led by line supervisors are scheduled and completed	By November 2008

